



State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/14/2014

Business ID: 354366

William M. Gardner

Secretary of State

FRUGAL PRINTER, INC.

47A NORTHWESTERN DRIVE
SALEM, NH 03079

ADDRESS OF PRINCIPAL OFFICE:

47A NORTHWESTERN DRIVE
SALEM, NH 03079

REGISTERED AGENT AND OFFICE:

SAXON, DONALD R, ESQ
214 N MAIN STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 354366

STATE OF DOMICILE: NEW HAMPSHIRE

COMMERCIAL PRINTING COMPANY

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Matthew Hanna

STREET Proofing House Press
47a Northwestern Drive

CITY/STATE/ZIP Salem Nh 03079

SEC Y. Charles B Miller

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CITY/STATE/ZIP Salem Nh 03079

NAME

STREET

CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Matthew Hanna

STREET Proofing House Press
47a Northwestern Drive

CITY/STATE/ZIP Salem Nh 03079

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

NAME

STREET

CITY/STATE/ZIP

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Matthew Hanna

Please print name and title of signer:

Matthew Hanna

/

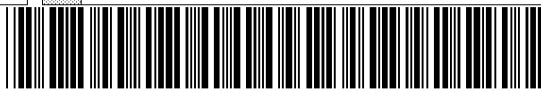
PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



035436620141005

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PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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